



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, PACIFIC TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

RECEIVED

'05 JAN 19 AM 11:18

STATE OF HAWAII
STATE ETHICS COMMISSION

H0076
HILF
PMGT

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
Hirano, Amy C.			536-5688
MAILING ADDRESS (Street)			FAX
84 N. King Street			536-5720
(City)	(State)	(Zip Code)	
Honolulu, HI	96817		
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Pacific Management Consultants, Inc.			536-5688
MAILING ADDRESS (Street)			FAX
84 N. King Street			
(City)	(State)	(Zip Code)	
Honolulu, HI	96817		

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Hawaii Independent Insurance Agents Assn.			
MAILING ADDRESS (Street)			FAX
84 N. King Street			
(City)	(State)	(Zip Code)	
Honolulu, HI	96817		
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Sonia Leong			
MAILING ADDRESS (Street)			FAX
84 N. King Street			
(City)	(State)	(Zip Code)	
Honolulu, HI	96817		

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input checked="" type="checkbox"/> Government Operations & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Amey H. Hirano

1/14/05

(Signature of Lobbyist)

(Date)

PART V AUTHORIZATION TO LOBBY

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Sonia Leong, Executive Director			
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
Hawaii Independent Insurance Agents Assn.		531-3125	
MAILING ADDRESS (Street)		FAX	
84 N. King Street		531-9995	
(City)	(State)	(Zip Code)	
Honolulu, HI	96817		
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.			
<i>Sonia M. Leong</i>		<i>1/18/05</i>	
(Signature of Authorizing Officer or Person Represented)		(Date)	